

SUFFOLK COUNTY DEPARTMENT OF CIVIL SERVICE

APPLICATION FEE WAIVER REQUEST AND CERTIFICATION FORM

Civil Service Law Section 50.5(b): "...fees shall be waived for candidates who certify to the state civil service department, a municipal commission or regional commission that they are unemployed . . . , or are receiving public assistance." Suffolk County law also grants a fee waiver for other classes of applicants. See below.

I request that my application fee(s) for the examination(s) listed below be waived in accordance with Section 50.5(b) of the State Civil Service Law.

Examination Title(s)	Exam No(s).	Examination Test Date

Check the box(es) below that apply to you:

- I am a veteran released from active military duty and a Suffolk County resident (attach copy of DD-214)
- I am a volunteer firefighter or EMT and a Suffolk County resident (attach copy of ID card or letter from the Chief of fire department or ambulance company)

I am currently:

- Unemployed
- Eligible for Medicaid
- Receiving Supplemental Security Income (SSI) payments
- Receiving Public Assistance (Temporary Assistance for Needy Families/Family Assistance or Safety Net Assistance):

 Enter Public Assistance Case Number

- Certified Job Training Partnership Act/Workforce Investment Act eligible through a State or local social service agency
- An officer or member of the Suffolk County Auxiliary Police

This completed form may be duplicated and must be attached to, and submitted with, the applications indicated above. Requests for waiver of the application fee completed more than six months prior to an examination date will not be accepted. All applications must be delivered by the last filing date to:

Suffolk County Department of Civil Service
P.O. Box 6100
Hauppauge, NY 11788

*****Affirmation*****

I have read the above portion of Section 50.5(b) of the Civil Service Law relating to the waiver of application fees and certify that I am qualified to receive such waiver for the reasons indicated above. I understand that my claim for application fee waiver may be investigated and I may be disqualified from the listed civil service examination(s) if I make any false statement regarding my eligibility for application fee waiver.

Candidate's First and Last Name (Please Print)

Candidate's Social Security Number

Candidate's Signature

Date